

**ENCLOSURE 07**  
**EMT COURSE EVALUATION**

\_\_\_\_\_  
LEAD INSTRUCTOR (NAME)

\_\_\_\_\_  
COURSE #

*Please complete the following evaluation form.*

1. Did classes start on time? \_\_\_\_\_  
\_\_\_\_\_
2. Did classes end on time? \_\_\_\_\_  
\_\_\_\_\_
3. Was the training equipment working properly? \_\_\_\_\_  
\_\_\_\_\_
4. Were there ample amounts of various equipment for all practical sessions?  
\_\_\_\_\_
5. What is your opinion of the course? \_\_\_\_\_  
\_\_\_\_\_
6. Do you feel prepared to provide emergency care? \_\_\_\_\_  
\_\_\_\_\_
7. In what ways can this course be improved? \_\_\_\_\_  
\_\_\_\_\_
8. Any other comments concerning the course? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT THE OTHER SIDE**

## EVALUATION OF COURSE INSTRUCTOR(S)

<b>Instructor Name:</b>					
<b>QUALITY</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>FAIR</b>	<b>POOR</b>
1. <i>Promote learning</i>					
2. <i>Knowledge of subject matter</i>					
3. <i>Creates atmosphere receptive to questions</i>					
4. <i>Presents material in manner easy to understand</i>					
<b>Other Comments:</b>					

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<b>Other Comments:</b>					

*Anything else you would like to comment about?*